

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

## INDEPENDENT EXPENDITURE REPORT - 2014 GENERAL ELECTION

Name of Person/Committee Making Expenditure(s) RESPECT MHINE					
Mailing Address PD BDX 21/					
City, Zip Code HAMPD	en ME	09494 Telephone	745-6776		
	unday if that is whe	filing and complete the near they are due by faxing	otarized affidavit and attached schedules. the report to the Commission (287-6775),		
☐ Check here if this report is an amend	ment to a previousl	y filed report? Date of orig	inal report:		
INDEPENDENT EXPENDITURES O	INDEPENDENT EXPENDITURES OVER \$250 MADE FROM SEPTEMBER 5 THROUGH OCTOBER 21, 2014				
Independent expenditures made must be reported within 2 calenda	•	•	4 that total more than \$250 per candidate		
☐ Re	port of Independe	nt Expenditure over \$25	0 per Candidate		
INDEPENDENT EXPENDITURES O	VER \$100 MADE	AFTER OCTOBER 21	, 2014		
Independent expenditures made after October 21, 2014 that total <u>more than \$100 per candidate</u> must be reported within one calendar day of making the expenditure.  Report of Independent Expenditure over \$100 per Candidate					
OTHER INDEPENDENT EXPENDITURES					
Report (select one)	☐ 60-Day F	Pre-Election Report	☐ 11-Day Pre-Election Report		
Due Date	September :	5, 2014 by 5:00 p.m.	October 24, 2014 by 5:00 p.m.		
What Gets Reported	Expenditures agg candidate made of September 4	gregating over \$100 per on or before	Expenditures aggregating over \$100 per candidate but not over \$250 from September 5 through October 21		

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Signature of PAC or Party Treasurer, or

Other Authorized Person Making Expenditure(s)

Rev. 08/06/2014



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# INDEPENDENT EXPENDITURE REPORT - GENERAL ELECTION

### **AFFIDAVIT**

STATE OF	PENDBSCOT
COUNTY OF	PENDBSOUT
1. And	
tures listed in	the attached report independently, and not in cooperation, consultation, or concert with, or at
the request o	or suggestion of, any candidate, authorized committee or agent of a candidate in a race affected
by any exper	nditure listed in this report.
	Signature of Affight
	The second of th
Sworn to bef	fore me, this 23 <sup>rd</sup> day of October 2014
Q Dres	ANT L

My commission expires: 09/30/2017
Tercas. J. Hallsworth, Penopszat County

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Independent Expenditure Report - General Election

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Page	of	
(Schedu	le B-IE-	1 only)

## Schedule B-IE-1 CANDIDATE(S) SUPPORTED/OPPOSED

- Please list all candidates that were the subjects of independent expenditures.
- If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (including district # or county)	Candidate's name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
5016	COLLEGN LACHOWICT	OPPOSE	2409.75
50/6	SCOTT CYRWAY	SUPPORT	2409.75
W0108	KARLEN KUSIAK	OPPOSE	2409.75
48188	JOHN PICCHOTTI	SUPPORT	2409.75
		<u> </u>	-
	N. C. N.		
Thi	Total expenditures for all candidates amount should equal the total independent expenditures listed on	es this reporting period. Schedule B-IE-2, Line C.	963900

Rev. 06/06/2014

Independent Expenditure Report - General Election

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Page	/ of _	
(Schedul	e/B-IE-2	only)

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#### Schedule B-IE-2

### **PAYMENTS AND OBLIGATIONS**

- Please indicate the date, payee, expenditure type, and amount of each expenditure.
- If you are reporting an agreement or obligation to make a future naument, please check ( $\dot{N}$ ) the how next to the expenditure type.

- 1	Exper	nditure	Types
LIT MHS PHO POL POS	Printing and graphics (flyers, signs, palmcards, etc.) Mail house (all services purchased) Phone banks, automated telephone calls Polling and research survey Postage for U.S. Mail and mail box fees	PRT RAD TVN WEB OTH	Print media ads only (newspapers, magazines) Radio ads, production costs TV or cable ads, production costs Website design, registration, hosting, maintenance, etc. Other (include description)

Date of expenditure	Payee, address, zip code	Expenditure type	1	Amount
10/22	MEDIA MOGUE KATHY WATT BEOTOTICERY COMBERGAND CTA	RAS		9639.00
	COMBBRIAND CTL 04021			
			-	
		Section 1	· .	<u> </u>
·				
	A. Expendi	tures for this pag	e ⇒	
	B. Total for all other Schedule B-	, ,		<u>, , , , , , , , , , , , , , , , , , , </u>
Thi	C. Total independent expenditures for this repor s amount should equal the total amount for all candidates listed or	ting period (A+B)	), , ⇒	